



Client \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

By \_\_\_\_\_

### IMMEDIATE COLLECTION PLACEMENT

Please proceed with **IMMEDIATE COLLECTION** on the accounts listed below subject to our rate schedule.

To expedite collection, please send copies of all available documents such as itemized statements, credit reports, purchase orders, signed applications, original NSF checks, personal or corporate guarantees and/or any pertinent correspondence substantiating the debts.

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Debtor: \_\_\_\_\_ Amount: \_\_\_\_\_

Address: \_\_\_\_\_ Last Invoice Date: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Account #: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Contact: \_\_\_\_\_

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Debtor: \_\_\_\_\_ Amount: \_\_\_\_\_

Address: \_\_\_\_\_ Last Invoice Date: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Account #: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Contact: \_\_\_\_\_

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Debtor: \_\_\_\_\_ Amount: \_\_\_\_\_

Address: \_\_\_\_\_ Last Invoice Date: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Account #: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Contact: \_\_\_\_\_

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Debtor: \_\_\_\_\_ Amount: \_\_\_\_\_

Address: \_\_\_\_\_ Last Invoice Date: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Account #: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Contact: \_\_\_\_\_

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UNITED COMMERCIAL COLLECTIONS

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